PUNCHED ARIZONA STATE DEPARTMENT OF HEALTH STATE FILE NO. VERIFIED BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH BIRTH NO. 1. PLACE OF DEATH REGISTRAR'S NO. A. COUNTY Mariceps B. LENGTH OF STAY 2. USUAL RESIDENCE (WHERE DECEASED LIVED. IN THIS TOWN IN ARIZONA IF INSTITUTION: RESIDENCE BEFORE ADMISSION) E OF DEATH A. STATE Arizona B. COUNTY Maricopa 29 vrs | 29 vrs C. CITY IN CITY LIMITS AND C. CITY IN CITY LIMITS Town Pheenix OUTSIDE CITY LIMITS Town Phoenix RESIDE OUTSIDE CITY LIMITS D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET D. STREET (IF RURAL, GIVE LOCATION) E. IS RESIDENCE ON A FARM? HOSPITAL OR ADDRESS ON LOCATION)
INSTITUTION Maricopa County General Hospital Washington YES | NO | 3. NAME OF (FIRST) (MIDDLE) (LAST) 4. SEX | 5. COLOR OR RACE 6A. MARRIED, NEVER MARRIED, DECEASED ULYSSES WIDOWED, DIVORCED (SPECIFY) (TYPE OR PRINT) FINLEY Male Negro 68. NAME OF SPOUSE Married 7. DATE OF BIRTH 8. AGE (IN TEARS IF UNDER 1 YEAR IF UNDER 24 HRS. | 9A. USUAL OCCUPATION (GIVE KIND OF Leona Finley DAY YEAR LAST BIRTHDAY) MONTHS HOURS WORK DURING MOST OF LIFE EVEN IF RETINED) MIN. DECEDENT 1902 59 Truck Driver 9B. KIND OF BUSI-NESS OR INDUSTRY 10. BIRTHPLACE (STATE 11. CITIZEN OF WHAT 12, WAS DECEASED EVER IN U. S. ARMED FORCES? | 13. SOCIAL SECURITY RSONAL OR FOREIGH COUNTRY) COUNTRY (YES, NO. OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>Construction</u> NO. Texas DATA $U_{\bullet}S_{\bullet}A$ None. 14A. FATHER'S NAME 07 3680 14B. BIRTHPLACE 15A. MOTHER'S MAIDEN NAME 15B. BIRTHPLACE (STATE OR COUNTRY) John Finlev (STATE OR COUNTRY) Texas Lula McGowan 16. INFORMANT'S SIGNATURE T<u>exas</u> ADDRESS Mrs. Leona Finley 17. DATE 1443 E. Washington (DAY) (YEAR) OF DEATH October 1961 18. CAUSE OF DEATH MEDICAL CERTIFICATION INTERVAL BETWEEN ENTER ONLY ONE CAUSE PER I. DISEASE OR CONDITION ONSET AND DEATH Kimmelstiel-Wilson Syndrome LIME FOR (A), (B), (C). DIRECTLY LEADING TO DEATH\$ THIS DOES NOT MEAN THE ANTECEDENT CAUSES **OF** NOOK OF DYING, SUCH AS MORBID CONDITIONS, IF ANY, Arterioscleresis, general severe GIVING RISE TO THE ABOVE HEART FAILURE. ASTHENIA. DEATH ETC. IT MEANS THE DISEASE, CAUSE (A) STATING THE UN. (ITEM 18) INJURY, OR COMPLICATION DERLYING CAUSE LAST. DUE TO (C) WHICH CAUSED DEATH. II. OTHER SIGNIFICANT CONDITIONS Arteriosclerotic heart disease CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. PLACE DISEASE CONTRACTED. Pulmonary embolism 19A. DATE OF OPERATION PERATIONS, 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? **AUTOPSY** YES 🔼 NO 📋 21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM LUGUST 27 .. 61 ToOctober 15 61 THAT I LAST SAW THE DECEASED ALIVE ON October 15 **1EDICAL** 11:00M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. AND THAT DEATH OCCURRED AT "IFICATION" 22A. SIGNATURE FER OR TITLE 228, ADDRESS 22C. DATE SIGNED 435 W. Durango, Phoenix, Ariz. 10-16-61 23A. ACCIDENT (SPECIFY) 23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, DEATH SUICIDE (CITY OR TOWN) FARM, FACTORY, STREET, OFFICE BLDG., ETC.) (COUNTY) HOMICIDE NATURAL CAUSE **DUE TO EXTERNAL** 23D. TIME (MONTH) (DAY) (YEAR) 23E. INJURY OCCURRED (HOUR) 23F. HOW DID INJURY OCCUR? VIOLENCE WHILE AT NOT WHILE INJURY 24A. CORONER'S SIGNATURE CORONER'S 24B. ADDRESS 24C. DATE SIGNED RTIFICATION 25A. BURIAL IX FUNERALO 25B. DATE 25C. NAME OF CEMETERY OR CREMATORY 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) GREMATION ... REMOVAL 10-19-61 DIRECTOR Greenwood Memorial Park Phoenix, Arizona Ture | 276. ADDRESS AND 26A. DATE REC. REGISTRAR'S SIGNATURE BY LOCAL REG RECTOR'S SIGNATURE REGISTRAR® 1641 E. Jefferson 28B. EMBALMER'S 353-RT. NO.